

Adjunct Issues

Information System

VA recognizes the importance of a comprehensive information system to track the care, evaluation, management, and planning of long-term care patients across the continuum of services.

VA has followed the Health Care Financing Administration's (HCFA) development of the resident assessment instrument/minimum data set (RAI/MDS) with great interest. In addition to assisting in the care provided by VA clinicians, implementation of RAI/MD in the VA nursing home care program allows characteristics and outcomes of VA nursing home patients to be compared with characteristics and outcomes of patients cared for in the community. The ability to make comparisons is critical. Also, implementation of RAI/MDS provides the structure for meeting the Joint Commission on Accreditation of Healthcare Organizations' projected clinical indicator survey requirements.

Currently, VA uses the RUG-II system for VANHs. For CNHs, only cost and workload information is available by patient. The State Veterans Home Program has no required patient-based reporting to VA. HBPC maintains a comprehensive data management system, but it is outdated. The adult day health and homemaker and home health aide services have no patient-based information systems.

VA has convened two committees with the potential to recommend the necessary changes and bring VA to the industry standard. The RAI/MDS Steering Committee has been working for two years to implement RAI/MDS in all VANHs. RAI/MDS eventually will be the foundation for all VA long-term care information systems. The Non-VA Workload Committee is planning to recommend MDS for CNHs and State Veter-

ans Homes. Additional recommendations are expected for home- and community-based programs. These recommendations could be implemented in FY 1999.

Research

In FY 1997, \$5.7 million, or 2.2 percent, of the total VA research appropriation was spent on health services research in long-term care.

Activities directly related to long term care include projects on the development and evaluation of advanced care planning interventions; the use of functional status as a quality indicator for long-term care; the use of gait and balance training in reducing falls in the elderly; evaluation of subacute rehabilitation care; defining the attributes of the quality of dying; and a multi-site, randomized trial of team-managed, hospital-based home care.

Much of VA health services research on long-term care is generated at VA's Geriatrics Research, Education, and Clinical Centers (GRECCs). In FY 1997, GRECCs received \$74.2 million in research funds. Of this, \$2.4 million supported projects directly related to long-term care issues, and an additional \$2.5 million supported potentially related projects.

GRECC research directly related to long-term care includes projects on the changing role of nursing homes; development of a patient classification system for skilled nursing facilities; evaluation of GEM units and Geriatric Clinic follow-up; maximizing post-operative functional outcomes in elders; and a randomized trial of an intervention to prevent falls following hospitalization. Examples of indirectly related GRECC research projects include exporting health promotion interventions to primary care clinics; trajectories of health and

service use among aging veterans; and determinants of VA and non-VA healthcare use among elderly veterans.

Education and Training

In the mid-1970s, VA led the development of special geriatrics and gerontology training for health profession students, in large part because of the projected increase in the numbers of elderly veterans. Three major initiatives were implemented between 1975 and 1978.


First was the GRECC program, established in 1975. Currently, 16 GRECCs train more than 1,000 medical, dental, nursing, and associated health students annually, in addition to providing more than 5,000 continuing education activities for VA staff each year.

In 1978, VA instituted a geriatric physician fellowship program, which has become the largest program for geriatric medicine training in the U.S. VA is credited with playing a significant role in the formal recognition, in 1988, of Geriatric Medicine as a specialty by the Accreditation Council of Graduate Medical Education (ACGME). In FY 1997, VA supported 132 positions in geriatric medicine residencies and 18 in geriatric psychiatry. VA also developed advanced training programs in geriatric neurology, geropsychiatry, geriatric dentistry, gerontological nursing, and geropsychology.

The third initiative, the Interdisciplinary Team Training Program (ITTP), also began in 1978. The ITTPs train VA practitioners and students in interdisciplinary team approaches to elder care. The success of this program led VA to expand the training to include other priority areas, such as ambulatory care, nutritional care, and management.

The quality of VA's training program will depend on its ability to offer relevant

skills to future geriatrics and long-term care practitioners. Therefore, VA must continue to strengthen its long-term care programs, so that VA can continue to offer quality training at state-of-the-art sites.

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- VA should implement its plans for RAI/MDS without delay.
 - At least 5 percent of VA's research appropriation should support health services, rehabilitation, and other research, related to long-term care issues. The research should emphasize:
 - Testing the effectiveness of VA long-term care programs and services, using cost and clinical outcomes that can be compared to the private sector;
 - Examining the effectiveness of clinical interventions, for treatment and management of psychiatric disorders in veterans using long-term care services. Non-pharmacological as well as pharmacological interventions should be included;
 - Comparing the effectiveness of post-acute care provided by VA to the private sector; and
 - Exploring the effectiveness of providing acute care services in the home.
 - VA should continue its leadership role in the training of physicians and associated health professions in geriatrics and long-term care. VA also should continue to utilize its expertise at GRECC and other VA sites to train VA staff in areas such as care coordination for complex patients. VA training should be supported by long-term care environments that can adequately prepare trainees for future practice.